HSA 1 - Planning Area - DETROIT/WAYNE

FACILITY NAME	CITY	FACILITY	LICENSED	DEPT INV*	
TAGIETT NAME	GITT	NUMBER	BEDS	DEI I IIIV	
Cottage Hospital	Grosse Pte. Farms	82-0040	36	36	
Circle of Life	Detroit	83-2633	60	60	
Detroit Behavioral Inst.	Detroit	82-2667	0	54	
Detroit Receiving	Detroit	83-0500	26	26	
St. John Detroit Review	Detroit	83-0034	55	55	
Henry Ford - Wyandotte	Wyandotte	82-0230	56	56	
Oakwood - Heritage	Taylor	82-0250	70	70	
Detroit Hope Hospital, Inc.	Detroit	83-0390	16	22	
Sinai-Grace Hospital [Site #2]	Detroit	83-0450	21	21	
St. John	Detroit	83-0420	35	35	
St. Mary Hospital of Livonia	Livonia	82-0190	31	31	
United Community	Detroit	83-0490	56	56	
PLANNING AREA TOTAL		<u> </u>	462	522	
AREA BED NEED				420	
Unmet Bed Need (Excess)				(102)	

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal

HSA 1 - Planning Area - LIVINGSTON

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				37
Unmet Bed Need (Excess)				37

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

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	Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
No	one to date						

HSA 1 - Planning Area - MACOMB

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Harbor Oaks Hospital	New Baltimore	50-2530	40	40
The Behavioral Center of Michigan	Warren	50-2629	42	42
St. John Macomb Hospital	Warren	50-0070	28	28
St. Joseph Mercy of Macomb East	Mt. Clemens	50-0110	85	85
PLANNING AREA TOTAL			195	195
AREA BED NEED				179
				_
Unmet Bed Need (Excess)				(16)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 1 - Planning Area - MONROE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Mercy Memorial	Monroe	58-0030	21	21
PLANNING AREA TOTAL AREA BED NEED			21	21 22
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 1 - Planning Area - OAKLAND

FACILITY NAME	CITY	FACILITY	LICENSED	DEPT INV*	
77.012111117.1112	<u> </u>	NUMBER	BEDS		
Botsford	Farmington Hills	63-0050	25	25	
Crittenton	Rochester	63-0070	20	20	
Havenwyck	Auburn Hills	63-2530	65	65	
Kingswood	Ferndale	63-2510	70	70	
Madison Community	Madison Heights	63-0060	31	31	
N. Oakland Medical	Pontiac	63-0110	30	30	
Pontiac Osteopathic Hospital	Pontiac	63-2678	20	20	
Providence	Southfield	63-0130	25	25	
St. John Health System Oakland Hospital	Madison Heights	63-0080	26	26	
St. Joseph Mercy Oakland	Pontiac	63-0140	33	33	
William Beaumont	Royal Oak	63-0030	30	30	
PLANNING AREA TOTAL			375	375	
AREA BED NEED				261	
Unmet Bed Need (Excess)				(114)	

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 1 - Planning Area - ST CLAIR

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Port Huron Hospital	Port Huron	74-0200	23	23
PLANNING AREA TOTAL AREA BED NEED			23	23 24
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 1 - Planning Area - WASHTENAW

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Chelsea	Chelsea	81-0080	30	30
St. Joseph Mercy Hospital	Ann Arbor	81-0030	24	24
University of Michigan Hospital	Ann Arbor	81-0060	33	33
PLANNING AREA TOTAL			87	87
AREA BED NEED				76
Unmet Bed Need (Excess)				(11)

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 2 - Planning Area - CLINTON, EATON, INGHAM

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Ingham Reg Med Center - Penn Campus	Lansing	33-0020	26	26
Sparrow Health System - St Lawrence	Lansing	33-2620	59	59
PLANNING AREA TOTAL			85	85
AREA BED NEED				100
Unmet Bed Need (Excess)				15

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 2 - Planning Area - JACKSON, HILLSDALE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Hillsdale Community Hospital	Hillsdale	30-0010	0	10
WA Foote Hospital	Jackson	38-0010	40	40
PLANNING AREA TOTAL			40	50
AREA BED NEED				41
Unmet Bed Need (Excess)				(9)

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 2 - Planning Area - LENAWEE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Herrick	Tecumseh	46-0030	10	10
PLANNING AREA TOTAL			10	10
Unmet Bed Need (Excess)				22 12

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - Planning Area - BARRY

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				13
Unmet Bed Need (Excess)				13

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - Planning Area - BERRIEN

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Lakeland Medical Center	St Joseph	11-0050	26	26
PLANNING AREA TOTAL			26	26
AREA BED NEED				27
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - Planning Area - BRANCH

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Community Health Center	Coldwater	12-0010	16	16
PLANNING AREA TOTAL AREA BED NEED			16	16 11
Unmet Bed Need (Excess)				(5)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - Planning Area - CALHOUN

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
BCHS - Fieldstone Center	Battle Creek	13-0030	39	39
Oaklawn Hospital	Marshall	13-0080	17	17
PLANNING AREA TOTAL			56	56
AREA BED NEED				30
Unmet Bed Need (Excess)				(26)

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - Planning Area - CASS

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				12
Unmet Bed Need (Excess)				12

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - Planning Area - KALAMAZOO

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Borgess Hospital	Kalamazoo	39-0010	40	40
PLANNING AREA TOTAL			40	40
AREA BED NEED				41
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - Planning Area - ST. JOSEPH

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				14
Unmet Bed Need (Excess)				14

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

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	Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
No	one to date						

HSA 3 - Planning Area - VAN BUREN

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Lakeview Community Hospital	Paw Paw	80-0030	15	15
PLANNING AREA TOTAL			15	15
AREA BED NEED				16
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - ALLEGAN

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Allegan General Hospital	Allegan	03-0010	9	9
PLANNING AREA TOTAL			9	9
AREA BED NEED				10
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - IONIA

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				14
Unmet Bed Need (Excess)				14

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - WEST MICHIGAN (KENT)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Forest View	Grand Rapids	41-2510	40	40
Pine Rest	Grand Rapids	41-2530	20	20
St Mary's (Main) Jefferson	Grand Rapids	41-0080	20	20
St Mary's 68th St. Site	Grand Rapids	41-2619	74	86
PLANNING AREA TOTAL			154	166
AREA BED NEED				123
Unmet Bed Need (Excess)				(43)

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - WEST MICHIGAN (LAKE, MASON, OCEANA)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Memorial Medical Center	Ludington	53-0010	14	14
PLANNING AREA TOTAL			14	14
AREA BED NEED				15
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - MONTCALM

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Carson City	Carson City	59-0010	16	16
PLANNING AREA TOTAL			16	16
AREA BED NEED				14
Unmet Bed Need (Excess)				(2)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - MUSKEGON

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Hackley Hospital	Muskegon	61-0010	27	27
PLANNING AREA TOTAL AREA BED NEED			27	27 28
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - NEWAYGO

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Gerber (New Focus)	Fremont	62-0010	16	16
PLANNING AREA TOTAL			16	16
AREA BED NEED				11
Unmet Bed Need (Excess)				(5)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - Planning Area - OTTAWA

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Holland Community Hospital	Holland	70-0020	12	12
PLANNING AREA TOTAL AREA BED NEED			12	12 13
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 5 - Planning Area - GENESEE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Hurley	Flint	25-0040	60	60
McLaren	Flint	25-0050	48	48
PLANNING AREA TOTAL			108	108
AREA BED NEED				93
Unmet Bed Need (Excess)				(15)

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 5 - Planning Area - LAPEER

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Lapeer Regional	Lapeer	44-0010	20	20
PLANNING AREA TOTAL AREA BED NEED			20	20 20
Unmet Bed Need (Excess)				0

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 5 - Planning Area - SHIAWASSEE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Memorial Hospital	Owosso	78-0010	16	16
PLANNING AREA TOTAL			16	16
AREA BED NEED				16
Unmet Bed Need (Excess)				0

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - Planning Area - AUSABLE VALLEY (IOSCO, OGEMAW, OSCODA)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				14
Unmet Bed Need (Excess)				14

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - Planning Area - BAY, ARENAC

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Bay Medical Center	Bay City	09-0050	28	28
PLANNING AREA TOTAL AREA BED NEED			28	28 28
Unmet Bed Need (Excess)				0

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

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	Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
No	one to date						

HSA 6 - Planning Area - CENTRAL MICHIGAN (CLARE, GLADWIN, ISABELLA, MECOSTA, MIDLAND, OSCEOLA)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Central MI Community	Mt Pleasant	37-0010	19	19
MidMichigan Medical Center - Midland	Midland	56-0020	20	20
PLANNING AREA TOTAL			39	39
AREA BED NEED				40
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - Planning Area - GRATIOT

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Gratiot Community	Alma	29-0010	12	12
PLANNING AREA TOTAL AREA BED NEED			12	12 10
Unmet Bed Need (Excess)				(2)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - Planning Area - HURON

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				8
Unmet Bed Need (Excess)				8

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - Planning Area - SAGINAW

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
HealthSource Saginaw (White Pine)	Saginaw	73-0060	27	27
PLANNING AREA TOTAL			27	27
AREA BED NEED				28
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - Planning Area - SANILAC

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				10
Unmet Bed Need (Excess)				10

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - Planning Area - TUSCOLA

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				13
Unmet Bed Need (Excess)				13

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 7 - Planning Area - NORTH COUNTY (ANTRIM, CHARLEVOIX, CHEBOYGAN, EMMET, KALKASKA, OSTEGO)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Northern Michigan Hospital	Petoskey	24-0030	14	14
PLANNING AREA TOTAL			14	14
AREA BED NEED				15
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

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	Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
No	one to date						

HSA 7 - Planning Area - NORTHERN LAKES (CRAWFORD, GRAND TRAVERSE, LEELANAU, MISSAUKEE, ROSCOMMON, WEXFORD)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Munson	Traverse City	28-0010	14	14
PLANNING AREA TOTAL AREA BED NEED			14	14 15
				10
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 7 - Planning Area - MANISTEE, BENZIE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				10
Unmet Bed Need (Excess)				10

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 7 - Planning Area - NORTHEAST MICHIGAN (ALCONA, ALPENA, MONTMORENCY, PRESQUE ISLE)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Alpena General	Alpena	04-0010	15	15
PLANNING AREA TOTAL			15	15
AREA BED NEED				16
Unmet Bed Need (Excess)				1

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 8 - Planning Area - PATHWAYS (ALGER, DELTA, LUCE, MARQUETTE)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Marquette General Hospital	Marquette	52-0050	37	37
PLANNING AREA TOTAL AREA BED NEED			37	37 28
Unmet Bed Need (Excess)				(9)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

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	Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
No	one to date						

HSA 8 - Planning Area - COPPER COUNTRY (BARAGA, HOUGHTON, KEWEENAW, ONTONAGON)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				13
Unmet Bed Need (Excess)				13

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

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	Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
No	one to date						

HSA 8 - Planning Area - NORTHPOINTE (DICKINSON, IRON, MENOMINEE)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				15
Unmet Bed Need (Excess)				15

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 8 - Planning Area - GOGEBIC

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				5
Unmet Bed Need (Excess)				5

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 8 - Planning Area - HIAWATHA (CHIPPAWA, MACKINAC, SCHOOLCRAFT)

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				14
Unmet Bed Need (Excess)				14

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

Adult Psychiatric Beds

			CON	Statewide	Summary	of Adı	ult Psychiatric Bed	ls			
HSA No.	Planning Area	Lic. Beds	CON Bed Inventory	Current Bed Need	Need or (Excess)	HSA No.	Planning Area	Lic. Beds	CON Bed Inventory	Current Bed Need	Need or (Excess)
1	Detroit/Wayne	462	522	420	(102)	4	Newaygo	16	16	11	(5)
1	Livingston	0	0	37	37	4	Ottawa	12	12	13	1
1	Macomb	195	195	179	(16)	5	Genesee	108	108	93	(15)
1	Monroe	21	21	22	1	5	Lapeer	20	20	20	0
1	Oakland	375	375	261	(114)	5	Shiawassee	16	16	16	0
1	St Clair	23	23	24	1	6	Ausable Valley	0	0	14	14
1	Washtenaw	87	87	76	(11)	6	Bay, Arenac	28	28	28	0
2	Clinton, Eaton, Ingham	85	85	100	15	6	Central Michigan	39	39	40	1
2	Jackson, Hillsdale	40	50	41	(9)	6	Gratiot	12	12	10	(2)
2	Lenawee	10	10	22	12	6	Huron	0	0	8	8
3	Barry	0	0	13	13	6	Saginaw	27	27	28	1
3	Berrien	26	26	27	1	6	Sanilac	0	0	10	10
3	Branch	16	16	11	(5)	6	Tuscola	0	0	13	13
3	Calhoun	56	56	30	(26)	7	North Country	14	14	15	1
3	Cass	0	0	12	12	7	Northern Lakes	14	14	15	1
3	Kalamazoo	40	40	41	1	7	Manistee, Benzie	0	0	10	10
3	St Joseph	0	0	14	14	7	Northeast Michigan	15	15	16	1
3	Van Buren	15	15	16	1	8	Pathways	37	37	28	(9)
4	Allegan	9	9	10	1	8	Copper Country	0	0	13	13
4	Ionia	0	0	14	14	8	Northpointe	0	0	15	15
4	West Michigan (Kent)	154	166	123	(43)	8	Gogebic	0	0	5	5
4	West Michigan	14	14	15	1	8	Hiawatha	0	0	14	14
4	Montcalm	16	16	14	(2)	_					
4	Muskegon	27	27	28	1		State Totals	2029	2111	1985	(126)

HSA 1 - LIVINGSTON, MACOMB, MONROE, OAKLAND, ST CLAIR, WASHTENAW, WAYNE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Harbor Oaks Hospital	New Baltimore	50-2530	24	24
Circle of Life	Detroit	83-2633	30	30
Havenswyck	Auburn Hills	63-2530	55	55
Kingswood	Ferndale	63-2510	30	30
University of Michigan Hospital	Ann Arbor	81-0060	32	32
PLANNING AREA TOTAL			171	171
AREA BED NEED				82
Unmet Bed Need (Excess)				(89)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 2 - CLINTON, EATON, HILLSDALE, INGHAM, JACKSON, LENAWEE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				23
Unmet Bed Need (Excess)				23

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 3 - BARRY, BERRIEN, BRANCH, CALHOUN, CASS, KALAMAZOO, ST JOSEPH, VAN BUREN

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Borgess	Kalamazoo	39-0010	12	12
DI ANNUNC ADEA TOTAL			40	12
PLANNING AREA TOTAL AREA BED NEED			12	14
AREA DED REED				14
Unmet Bed Need (Excess)				2

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 4 - ALLEGAN, IONIA, KENT, LAKE, MASON, MONTCALM, MUSKEGON, NEWAYGO, OCEANA, OTTAWA

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Forest View	Grand Rapids	41-2510	22	22
Pine Rest	Grand Rapids	41-2530	48	48
PLANNING AREA TOTAL			70	70
AREA BED NEED				25
Unmet Bed Need (Excess)				(45)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

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Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 5 - GENESEE, LAPEER, SHIAWASSE

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Hurley	Flint	25-0040	18	18
PLANNING AREA TOTAL AREA BED NEED			18	18 11
Unmet Bed Need (Excess)				(7)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 6 - ARENAC, BAY, CLARE, GLADWIN, GRATIOT, HURON, IOSCO, ISABELLA, MIDLAND, MECOSTA, OGEMAW, OSCEOLA OSCODA, SAGINAW, SANILAC, TUSCOLA

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Health Source	Saginaw	73-0060	14	14
PLANNING AREA TOTAL			14	14
AREA BED NEED				14
Unmet Bed Need (Excess)				0

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 7 - ALCONA, ALPENA, ANTRIM, BENZIE, CHARLEVOIX, CHEBOYGAN, CRAWFORD, EMMET, GRAND TRAVERSE KALKASKA, LEELANAU, MANISTEE, MISSAUKEE, MONTMORENCY, OTSEGO, PRESQUE ISLE, ROSCOMMON, WEXFORD

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
None			0	0
PLANNING AREA TOTAL			0	0
AREA BED NEED				7
Unmet Bed Need (Excess)				7

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

NOTE: TABLE MAY NOT INCLUDE PENDING APPLICATIONS, DECISIONS NOT POSTED, NOR DECISIONS UNDER APPEAL.

Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						

HSA 8 - ALGER, BARAGA, CHIPPEWA, DELTA, DICKINSON, GOGEBIC, HOUGHTON, IRON, KEWEENAW, LUCE, MACKINAC MARQUETTE, MENOMINEE, ONTONAGON, SCHOOLCRAFT

FACILITY NAME	CITY	FACILITY NUMBER	LICENSED BEDS	DEPT INV*
Marquette General Hospital	Marquette	52-0050	6	6
PLANNING AREA TOTAL			6	6
AREA BED NEED				5
Unmet Bed Need (Excess)				(1)

^{*} Figures in the Department Inventory column reflect CON approved Psych beds.

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Facility Name	City	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date						